

**PEST CONTROL DEALER DESIGNATED AGENT
LICENSE APPLICATION**

PR-PML-043 (REV. 9/03)

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

The mailing address you indicate on this application is your address of record for your license/certificate. Therefore it is public information. You may wish to use a post office box in lieu of the physical address as an address of record.

A. Application Type. Check the appropriate box(es).

<input type="checkbox"/> NEW APPLICATION - FIRST TIME APPLICATION	<input type="checkbox"/> REEXAMINATION - FAIL OR NO SHOW ON PREVIOUS EXAMS	<input type="checkbox"/> DUPLICATE/REPLACEMENT LICENSE
<input type="checkbox"/> PEST CONTROL DEALER DESIGNATED AGENT EXAMINATION	<input type="checkbox"/> NAME/ADDRESS CHANGE	<input type="checkbox"/> OTHER - Specify _____

B. Applicant Information. Please print or type.

NAME (Last)	(First)	(Middle Initial)	DESIGNATED AGENT #/EXAM ID #	HOME TELEPHONE NUMBER ()
MAILING ADDRESS (Number and Street)			SOCIAL SECURITY NUMBER (Optional)	WORK TELEPHONE NUMBER ()
(City)	(County)	(State)	(ZIP Code)	CELL TELEPHONE NUMBER ()
PEST CONTROL DEALER BUSINESS EMPLOYED BY OR OWN AND MAILING ADDRESS. (If Applicable) (Name, Number and Street, City, State, Zip Code)				EMAIL ADDRESS

C. Pest Control Dealer Designated Agent (DA) License Examination and Licensing. Exemption. See instructions on reverse.**D. Examination.** See instructions on reverse.
☐ Check if you wish to be scheduled for the written examination.
E. Examination Schedule. To complete this section, see attached Examination Schedule for the month, date, and location.

EXAMINATION MONTH	EXAMINATION SITE LOCATION
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F. Reasonable Accommodation.
☐ Check if you need reasonable accommodation to take a written exam.
G. Fees. All fees are non-transferable and non-refundable.

	Amount	# of Exams	Total Amount
New Applicant Fee	\$25	---	\$ _____
Examination Fee	\$50	X	\$ _____
Name/Address Change, Duplicate/Replacement Fee	\$20	---	\$ _____
Total Fees Due/Enclosed			\$ _____

H. Read Before Signing. During the last three years have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary or in which any disciplinary action is pending?
☐ YES (State explanation below.) ☐ NO
I. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE	DATE SIGNED
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FOR OFFICIAL USE ONLY	LICENSE NUMBER	COMPUTER ENTRY DATE	RC RECEIVED AND DATE
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Instructions on reverse

PEST CONTROL DEALER DESIGNATED AGENT LICENSE APPLICATION INSTRUCTIONS

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A. Application Type. Check the appropriate box(es).☐ **New Application:** If you:

- ✓ Are applying for the Pest Control Dealer Designated Agent (DA) License for the first time.
- ✓ Failed to obtain your license within 12 months from the first date you scheduled your examination.
- ✓ Failed to meet the renewal requirements by the expiration of your certificate.

You are exempt from the Pest Control Dealer Designated Agent License if you currently possess a valid Agricultural Pest Control Adviser License, Qualified Applicator License, Journeyman Pilot Certificate or Apprentice Pilot Certificate. You qualify as a DA in accordance with Title 3, California Code of Regulations, section 6560.

*The Qualified Applicator Certificate, Structural Pest Control Operators and out-of-state licenses or certificates **do not** meet the exemption requirements.*

- ☐ **Reexamination:** Scheduling an examination on which you failed to obtain a passing score or failed to appear for a previously-scheduled examination.
- ☐ **Duplicate/Replacement License:** Requesting a duplicate or replacement license.
- ☐ **Name/Address Change:** Requesting a name and/or address change. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form.
- ☐ **Other:** Any other change, please specify the change.

B. Applicant Information: Enter your name, Designated Agent License or Exam Identification Number if applicable, address, email address, home, work, and cell telephone numbers, Social Security number (optional) and current employer (if applicable). **NOTE:** The Department of Pesticide Regulation (DPR) utilizes your Social Security number as an alternate source of applicant identification, as many names are similar. Providing your Social Security number is strictly voluntary in accordance with the Privacy Act of 1974 (PL-93-579). This is not public information and will not appear on any publication, etc. produced or distributed by DPR.**C. Pest Control Dealer Designated Agent License Examination and Licensing.** Exemption. If you do not meet the exemption for the pest control dealer designated agent examination and licensing requirements noted above in Section A, you must complete this application and schedule to take this examination. This license is necessary in order to conduct the pest control activities of a licensed Pest Control Dealer business.**D. Examination.** Check this box if you are required to take the Pest Control Dealer Designated Agent License examination.**E. Examination Schedule.** Indicate the exam month and location in the appropriate boxes. This information may be obtained from the Exam Schedule provided with the General Information Packet or from DPR's web site at <www.cdpr.ca.gov>. The exam schedule gives the location, schedule, and final filing dates. If you are requesting to take the examination(s) at a specific location and date, your application must be *postmarked* by the final filing date for that location.**F. Reasonable Accommodation.** Reasonable Accommodation will be provided to applicants who need assistance to take a written exam. If you check "Yes", you will be contacted via telephone or mail to make specific testing arrangements.**G. Fees. All fees are non-transferable and non-refundable.**

New Applicant Fee: \$25

Name/Address Change Fee: \$20 (see below)

Examination Fee: \$50

Duplicate/Replacement Fee: \$20 (see below)

An examination fee of \$50 is required for the Pest Control Dealer Designated Agent License examination you are requesting to schedule. A fee for an address change is only required when the licensee requests a new license. A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application.

H. Read Before Signing. Check appropriate box.**I. Declaration/Signature Block.** Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Failure to complete or provide the requested information may delay the processing of your application.